



Have a hand in protecting children

Mandated Reporter's Resource Guide

Contact the Child Protective Services Program Office for questions at (517) 335-3704.

The Michigan Child Protection Law Act 238 of 1975, as amended.

The Michigan Child Protection Law, 1975, PA 238, requires the reporting of child abuse and neglect by certain persons (called mandated reporters) and permits the reporting of child abuse and neglect by all persons. It includes the legal requirements for reporting, investigating, and responding to child abuse and neglect cases. This document is to assist mandated reporters in understanding their responsibilities under the Child Protection Law.

FOR COPIES OF THE CHILD PROTECTION LAW CONTACT YOUR LOCAL DHS OFFICE OR GO TO <http://www.michigan.gov/dhs>

Responsibility of mandated reporters.

The law requires that mandated reporters report suspected child abuse and neglect to the Department of Human Services (DHS). The report must be made directly to DHS. There are civil and criminal penalties for a mandated reporter's failure to make a report. Likewise, there is civil and criminal immunity for someone making a report in good faith.

Who are mandated reporters?

Mandated reporters are an essential part of the child protection system since they have an enhanced capacity, through their expertise and direct contact with children, to identify suspected child abuse and neglect. Complaints referred by mandated reporters are confirmed at nearly double the rate of those referred from non-mandated reporters.

The list of mandated reporters is as follows:

"A physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, social worker, licensed master's social worker, licensed bachelor's social worker, registered social service technician, social service technician, school administrator, school counselor, or teacher, law enforcement officer, member of the clergy, or regulated child care provider." The list also includes specific DHS personnel: "eligibility specialist, family independence manager, family independence specialist, social services specialist, social work specialist, social work specialist manager, welfare services specialist."

Child's disclosure: The role of mandated reporters.

Mandated reporters often have an established relationship with child clients, patients, and students, which may give them the advantage of being able to have a conversation with a child using terms he or she will understand. When child abuse and/or neglect is suspected, mandated reporters need to only obtain enough information to make a report.

If mandated reporters suspect child abuse and/or neglect (use pages 6-8 of this guide as a reference) or if a child starts disclosing information regarding child abuse and/or neglect, mandated reporters should proceed by moving the child into a private environment. This will avoid distraction of the child and provide privacy for a potentially sensitive conversation.

During disclosure, mandated reporters should maintain eye contact and avoid displaying any signs of shock or disapproval. Mandated reporters should only ask open-ended questions that allow the child to freely discuss the incident without being led during the conversation. An example, *how did you get that bruise?* Again, these discussions should only proceed to the point needed to determine whether a report needs to be made to the DHS.

A child may want to tell what has happened but may also want to maintain loyalty to their parent(s). Explain to the child (in terms the child will understand) the importance of keeping children safe. If a report is going to be made, maintain the trust with the child by explaining the reporting process.

Reporting obligations of mandated reporters.

The Child Protection Law requires mandated reporters to make an immediate verbal report to DHS upon suspecting child abuse and neglect, followed by a written report within 72 hours (See page 4). The reporter is not expected to investigate the matter, know the definitions of child abuse and neglect used in judicial proceedings, or even know the name of the perpetrator. The Child Protection Law is intended to make reporting simple and places responsibility for determining appropriate action with Children's Protective Services (CPS). CPS is a division of the Department of Human Services. The authority and actions of CPS are based on requirements in the Child Protection Law.

Reporting the suspected allegations of child abuse and/or neglect to your agency administrator does not fulfill your mandated requirement to report directly to DHS.

An individual required to report suspected child abuse and neglect shall make immediately, by telephone or otherwise, an oral report. The mandated reporter shall, within 72 hours of the oral report, file a written report.

If the county has not been adequately responsive to your concerns, please see page 11 for more information on how to have your concerns resolved.

What should the oral report include?

The information in a CPS report needs to be provided by the individual who actually has observed the injuries or had contact with the child regarding the complaint. It is helpful, but not necessary, for the DHS intake worker to have the information listed below to make a report. Contact the CPS DHS county office where the child currently resides and indicate your wish to make a CPS complaint.

Intake personnel will want the following information, if available:

- Primary caretaker's (parent and/or guardian) name and address.
- Names and identifying information for all household members, including the victim and perpetrator, if known.
- Birth date and race of all members of the household, if known.
- Indication about whether the alleged perpetrator lives with the child.
- Current home address and the address where the alleged incident happened, if different.
- Statements of the child's disclosure and context of the disclosure. For example, was the child asked about the injury or did he/she volunteer the information?
- History of the child's behavior.
- Why you suspect the child is being abused and/or neglected.

DHS-3200 written report.

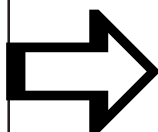
- Within 72 hours after making the oral report, the mandated reporter must file a written report as required in the Child Protection Law. DHS encourages you to use the DHS-3200 form, which includes the information required under the law. The mandated reporter shall make a copy of the written report for the organization's administration. One report from an agency will be considered adequate to meet the law's reporting requirement. **Mandated reporters cannot be dismissed or otherwise penalized for making a report required by the Child Protection Law or for cooperating in an investigation.**
- Even though the written process may seem redundant, it is important to complete the form with all pertinent information. The DHS-3200 form is used to document mandated reporters' oral reports of the child abuse/neglect in Michigan. The form is set in a template that can be copied for use. Mandated reporters would fill in items 1-20. *See Appendix 1 for a copy of the DHS-3200 form or access the form at www.michigan.gov/dhs.*

Confidentiality.

Strict confidentiality laws at both the state and federal level govern Child Protective Services investigations. This includes protection of the identity of the reporting person unless the reporting person provides permission to release their identity or the release of their identity is ordered through judicial process. Mandated reporters should know that the reporting source is kept confidential by all staff and cannot be disclosed without a court order. The alleged perpetrator may infer from the information in the report who made the referral and confront mandated reporters, however, CPS will not disclose the reporting source.

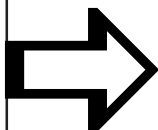
Mandated Reporter Reporting Process

Oral Report
Telephone complaint to CPS
immediately.



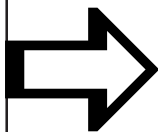
CPS contact numbers can be accessed at www.michigan.gov/dhs/ under county offices.
You may also locate the telephone number to your local CPS office in the government pages of your phone book under Department of Human Services.

Written Report
Submit completed DHS-3200
form within 72 hours
(includes weekends and
holidays).



The DHS-3200 can be accessed at:
www.michigan.gov/documents/fia3200_11924_7.pdf

Notify your organization's
administrator of the filed report.



The reporter may notify the organization administrator of the report. However, reporting the suspicion of child abuse or neglect to a supervisor or administrator does not satisfy the reporting requirements imposed by law.

Definitions of child abuse/neglect.

Physical abuse

Physical abuse is a non-accidental injury to a child by the person responsible for the child's health and welfare. Physical abuse may include, but is not limited to, burning, beating, kicking, and punching. It is usually the easiest abuse to identify because of the physical evidence of bruises, burns, broken bones or other unexplained injuries. Internal injuries may not be readily apparent.

Sexual Abuse

Sexual abuse encompasses several different types of inappropriate sexual behavior:

- Sexual contact meaning any intentional touching that can be reasonably construed as being for the purposes of sexual arousal, gratification, or any other improper purpose.
- Sexual penetration.
- Accosting, soliciting, or enticing a child to commit, or attempt to commit, an act of sexual contact or penetration, including prostitution.

Maltreatment

Maltreatment is defined as the treatment of a child that involves cruelty or suffering that a reasonable person would recognize as excessive. Possible examples of maltreatment are:

- A parent, who knowing that their child has a phobia or deep fear of closed places, utilizes locking the child in a closet as a means of punishment.
- A parent who forces their child to eat dog food out of a dog bowl during dinner as a method of punishment and/or humiliation.
- A parent who is found to be teaching their child how to be an accessory in their criminal activities, e.g., shop-lifting.
- A parent who responds to their child's bed-wetting by subjecting them to public humiliation, such as hanging a sign on the child at school, which lets others know that the child has wet his or her bed.

Mental Injury

A psychological condition (diagnosed by a mental health practitioner) caused by physical or verbal acts, omissions, (including the denial of appropriate treatment), or maintaining an environment by the person responsible for the child's health and welfare which: renders the child chronically anxious, agitated, depressed, socially withdrawn, psychotic, or unreasonable fear that his or her life and/or safety or that of another family member is threatened, or chronically interferes with the child's ability to accomplish age appropriate milestones.

Neglect

Child neglect encompasses several areas:

- Neglect - harm or threatened harm to a child's health or welfare by the person responsible for the child's health and welfare through failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding those situations solely attributable to poverty.

- **Failure to Protect** - knowingly allowing another person to mistreat or abuse the child without taking appropriate measures to stop such mistreatment or abuse and prevent it from recurring when the person is able to do so and has, or should have had, knowledge of the mistreatment.
- **Improper Supervision** - placing the child in or failing to remove the child from a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and results in bodily injury or a substantial risk of immediate harm to the child.
- **Abandonment** - The person responsible for the child's health and welfare leaves a child with an agency, person, or other entity (DHS, hospital, mental health facility, etc.) unable or unwilling to assume responsibility for the child.
- **Medical Neglect** - The failure to seek, obtain, or follow through with medical care for the child, with the failure resulting in or presenting substantial risk of death, disfigurement or bodily harm or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child.

If you suspect abuse and/or neglect to a child by someone other than a parent or guardian/ caretaker, contact law enforcement and follow established protocols of your organization or contact CPS who will forward complaints to law enforcement as required by law.

Please see the Appendix 2 for questions you may be asked when reporting each type of abuse and neglect.

Indicators of child abuse/neglect

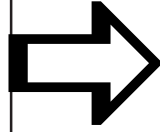
Determining when to report situations of suspected child abuse/neglect can be difficult . When in doubt, contact your DHS/CPS office for consultation. Below are some of the commonly accepted physical and behavioral warning signs associated with various forms of child abuse and neglect. Please note that physical and behavioral indicators, in themselves, are not the only indicators of child abuse and neglect and if present, do not always mean a child is being abused or neglected.

	Physical Indicators	Behavioral Indicators
Physical Abuse	<ul style="list-style-type: none"> • Bruises more numerous than expected from explanation of incident. • Unexplained bruises, welts, or loop marks in various stages of healing • Adult/human bite marks. • Bald spots or missing clumps of hair. • Unexplained fractures; skin lacerations, punctures, or abrasions. • Swollen lips and/or chipped teeth. • Linear/parallel marks on cheeks and/or temple area. • Crescent shaped bruising caused by pinching. • Puncture wounds that resemble distinctive objects. • Bruising behind the ears. 	<ul style="list-style-type: none"> • Self-destructive/self mutilation • Withdrawn and/or aggressive-behavior extremes. • Uncomfortable/skittish with physical contact. • Arrives at school late. • Expresses fear of being at home. • Chronic runaway (adolescents). • Complains of soreness or moves uncomfortably. • Wears clothing inappropriate to weather to cover body. • Lack of impulse control (e.g. inappropriate outbursts).

Physical Neglect	<ul style="list-style-type: none"> • Distended stomach, emaciated • Unattended medical needs. • Lack of supervision. • Consistent signs of hunger, inappropriate dress, poor hygiene. • Sudden or unexplained weight change. 	<ul style="list-style-type: none"> • Regularly displays fatigue or listlessness; falls asleep in class. • Steals, hoards or begs for food. • Reports that no caretaker is at home.
Sexual Abuse	<ul style="list-style-type: none"> • Pain or itching in genital area. • Bruises or bleeding in genital area. • Venereal disease. • Frequent urinary or yeast infections. • Sudden or unexplained weight change. • Pregnancy 12 years or under. 	<ul style="list-style-type: none"> • Withdrawal, chronic depression. • Sexual behaviors or references that are unusual for the child's age. • Seductive or promiscuous behavior. • Poor self-esteem, self-devaluation, lack of confidence. • Suicide attempts. • Hysteria, lack of emotional control. • Habit disorders (sucking, rocking).

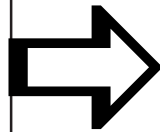
Outcomes for CPS Investigations

Category 5
No services recommended.



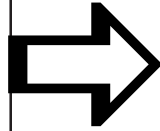
Following a field investigation, CPS determines that there is no evidence of child abuse/neglect.

Category 4
Community services recommended.



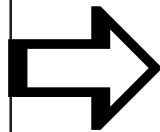
Though child abuse and or neglect is not confirmed, community services are recommended.

Category 3
Community services are needed to alleviate further risk of harm to the child.



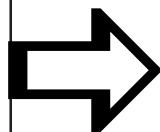
A preponderance of evidence supports that child abuse or neglect occurred. The structured decision making (SDM) risk assessment suggests low or moderate risk of future harm to the child. Community services are needed.

Category 2
Services are required to maintain child safety in the caretaker's home.



Preponderance of evidence supports that child abuse or neglect occurred. The SDM tool indicates high or intensive risk of future harm to the child. Child protective services are needed.

Category 1
Court petition is filed.



Preponderance of evidence was found that child abuse or neglect occurred and the law requires a court petition, court ordered services are needed to keep a child safe in their parents' home, or a child is unsafe in the caretaker's home.

Miscellaneous issues.

Head Lice Issues

An allegation of neglect based solely on a child having head lice is not appropriate for a CPS investigation. This condition could arise in any number of ways and is not, in and of itself, an indicator of neglect.

Therapy Issues

There are times when a child's behavior in the classroom is a concern and may need further evaluation by a medical professional. If mandated reporters determine psychological help may be needed for a child, they should provide that information to the parent. It is up to the parent and/or guardian to follow through with that information and make an appropriate decision for their child.

Medical Issues

- Immunizations-CPS is not responsible for investigating complaints (usually received from health care providers) that allege parents are failing or refusing to obtain immunizations for their children. There are no available statistics on the odds of children contracting diseases for which they have not been inoculated and the Public Health Code provides a waiver to the immunization requirements.
- Medication-CPS is not responsible for investigating complaints that allege parents are failing or refusing to provide their children with psychotropic medication such as Ritalin.

Truancy Issues

Routine complaints on school truants and runaways are not appropriate for CPS. Truancy and running away may be symptoms which may indicate questionable parental care. They are not in themselves synonymous with child abuse or neglect.

Multiple Allegations of Chronic Abuse and/or Neglect Suspected

If a mandated reporter reports a suspicion of child abuse/neglect and then a new allegation occurs, the mandated reporter must make another oral and written report of suspected abuse and/or neglect to DHS. It is important to treat each suspected incident of abuse and/or neglect independently as it occurs. Each allegation of suspected child abuse and/or neglect could uncover patterns the CPS investigator would analyze during the intake and investigation process.

Making the Report

- Do not wait until the morning to call Protective Services when the allegations are that the caretaker left the children alone in the middle of the night. The caretaker will usually be back home and it is now your word against their word. Call when the children are still alone.
- Do not wait a week to call and say that there was no food in the home last week. There may be food in the home now and it is your word against their word. Call as soon as you can.
- Child Protective Services is available and willing to investigate allegations of abuse and neglect, however, it is important that as a referral source, you are prepared to give us enough information and details that will warrant an investigation.

Michigan's Safe Delivery Act.

Under Michigan's Safe Delivery of Newborns law, a parent can anonymously surrender an infant, from birth to 72 hours of age, to an Emergency Service Provider (ESP). An ESP is a uniformed or otherwise identified employee of a fire department, hospital or police station that is inside the building and on duty.

According to the law, the parent has the choice to leave the infant without giving any identifying information to the ESP. While a parent may remain anonymous, he or she is encouraged to provide family and medical background that could be useful to the baby in the future.

Once a newborn is in the custody of an ESP, the baby is taken to a hospital for an examination. If there are no signs of abuse and/or neglect, temporary protective custody is given to a private adoption agency for placement with an approved adoptive family. If the examination reveals signs of abuse and/or neglect, hospital personnel will initiate a referral to Children's Protective Services for an investigation.

Mandated Reporter's Hotline

Mandated reporters can use this hotline when they feel the county has not been adequately responsive to their concerns. The hotline (**1-877-277-2585**) will allow mandated reporters to formally state their concerns and to seek resolution. These concerns will be investigated, and a timely written response will be provided.

Mandated reporters will have two tiers for stating their concerns. First, they must attempt to talk with the local DHS director. If that is not successful, they can call the hotline and report their concerns. When they make that call, they will be asked for the log number that the local CPS office gave them when they reported suspected child abuse or neglect.

APPENDIX 1

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Department of Human Services

Was referral phoned to DHS? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶ If yes, Log # _____ ▶ If no, contact the local DHS Office immediately																																
INSTRUCTIONS: REFERRING PERSON: Complete items 1-20. Send PART 1 to local County DHS where the child is found. Retain PART 2 for your records. See additional instructions on back.				1. Date _____																												
2. List of child(ren) suspected of being abused or neglected (list additional children on back of Part 1)																																
NAME	BIRTH DATE	SOCIAL SECURITY #	SEX	RACE																												
3. Mother's name																																
4. Father's name																																
5. Child(ren)'s address (No. & Street)		6. City	7. County	8. Phone No.																												
9. Name of alleged perpetrator of abuse or neglect		10. Relationship to child(ren)																														
11. Person(s) the child(ren) living with when abuse/neglect occurred		12. Address, City & Zip Code where abuse/neglect occurred																														
13. Describe injury or conditions and reason for suspicion of abuse or neglect (Attach additional sheets if necessary) <hr/> <hr/>																																
14. Source of Referral (Check appropriate box) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> PHYSICIAN</td> <td><input type="checkbox"/> AUDIOLOGIST</td> <td><input type="checkbox"/> PSYCHOLOGIST</td> <td><input type="checkbox"/> CLERGY</td> </tr> <tr> <td><input type="checkbox"/> MEDICAL EXAMINER (Coroner)</td> <td><input type="checkbox"/> *SOCIAL WORKER</td> <td><input type="checkbox"/> PROFESSIONAL COUNSELOR</td> <td><input type="checkbox"/> MARRIAGE/FAMILY THERAPIST</td> </tr> <tr> <td><input type="checkbox"/> DENTIST/DENTAL HYGIENIST</td> <td><input type="checkbox"/> SCHOOL ADMINISTRATOR</td> <td><input type="checkbox"/> TEACHER</td> <td><input type="checkbox"/> DHS FACILITY</td> </tr> <tr> <td><input type="checkbox"/> NURSE</td> <td><input type="checkbox"/> SCHOOL COUNSELOR</td> <td><input type="checkbox"/> LAW ENFORCEMENT OFFICER</td> <td><input type="checkbox"/> DCH FACILITY</td> </tr> <tr> <td><input type="checkbox"/> EMERGENCY MEDICAL SERVICES PERSONNEL</td> <td><input type="checkbox"/> HOSPITAL</td> <td><input type="checkbox"/> CHILD CARE PROVIDER</td> <td><input type="checkbox"/> ELIGIBILITY SPECIALIST</td> </tr> <tr> <td><input type="checkbox"/> FAMILY INDEPENDENCE MANAGER</td> <td><input type="checkbox"/> FAMILY INDEPENDENCE SPECIALIST</td> <td><input type="checkbox"/> SOCIAL WORK SPECIALIST</td> <td><input type="checkbox"/> SOCIAL SERVICES SPECIALIST</td> </tr> <tr> <td><input type="checkbox"/> SOCIAL WORK SPECIALIST MANAGER</td> <td><input type="checkbox"/> WELFARE SERVICES SPECIALIST</td> <td><input type="checkbox"/> Other (Specify below)</td> <td></td> </tr> </table>					<input type="checkbox"/> PHYSICIAN	<input type="checkbox"/> AUDIOLOGIST	<input type="checkbox"/> PSYCHOLOGIST	<input type="checkbox"/> CLERGY	<input type="checkbox"/> MEDICAL EXAMINER (Coroner)	<input type="checkbox"/> *SOCIAL WORKER	<input type="checkbox"/> PROFESSIONAL COUNSELOR	<input type="checkbox"/> MARRIAGE/FAMILY THERAPIST	<input type="checkbox"/> DENTIST/DENTAL HYGIENIST	<input type="checkbox"/> SCHOOL ADMINISTRATOR	<input type="checkbox"/> TEACHER	<input type="checkbox"/> DHS FACILITY	<input type="checkbox"/> NURSE	<input type="checkbox"/> SCHOOL COUNSELOR	<input type="checkbox"/> LAW ENFORCEMENT OFFICER	<input type="checkbox"/> DCH FACILITY	<input type="checkbox"/> EMERGENCY MEDICAL SERVICES PERSONNEL	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> CHILD CARE PROVIDER	<input type="checkbox"/> ELIGIBILITY SPECIALIST	<input type="checkbox"/> FAMILY INDEPENDENCE MANAGER	<input type="checkbox"/> FAMILY INDEPENDENCE SPECIALIST	<input type="checkbox"/> SOCIAL WORK SPECIALIST	<input type="checkbox"/> SOCIAL SERVICES SPECIALIST	<input type="checkbox"/> SOCIAL WORK SPECIALIST MANAGER	<input type="checkbox"/> WELFARE SERVICES SPECIALIST	<input type="checkbox"/> Other (Specify below)	
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<input type="checkbox"/> SOCIAL WORK SPECIALIST MANAGER	<input type="checkbox"/> WELFARE SERVICES SPECIALIST	<input type="checkbox"/> Other (Specify below)																														
15. Referring person's name		16. Name of referring organization (school, hospital, etc.)																														
17. Address (No. & Street)		18. City	19. State	20. Zip Code																												
		21. Phone No.																														

TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE

22. Summary report and conclusions of physical examination (Attach Medical Documentation) <hr/> <hr/>								
23. Laboratory report		24. X-Ray						
25. Other (specify)		26. History or physical signs of previous abuse/neglect <input type="checkbox"/> YES <input type="checkbox"/> NO						
27. Prior hospitalization or medical examination for this child <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; text-align: center;">DATES</td> <td style="width: 60%; text-align: center;">PLACES</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			DATES	PLACES				
DATES	PLACES							
28. Physician's Signature	29. Date	30. Hospital (if applicable)						
Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.		AUTHORITY: P.A. 238 of 1975. COMPLETION: Mandatory. PENALTY: None.						

INSTRUCTIONS

GENERAL INFORMATION:

This form is to be completed as the written follow-up to the oral report required in the above Sec. 3. (1) Act. No 238, P.A. of 1975, as amended and mailed to the local county Department of Human Services. Indicate if this report was phoned into DHS as a report of suspected CA/N? If so, indicate the Log # (if known). Referring person is to fill out as completely as possible items 1-21. Only medical personnel may complete items 22-30.

1. Date - Enter the date the form is being completed.
 2. List child(ren) suspected of being abused or neglected - Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
 3. Mother's name - Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
 4. Father's name - Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.
 5. Child(ren's) address - Enter the address of the child(ren).
 6. City - Self explanatory
 7. County - Self explanatory
 8. Phone - Enter phone number of the household where child(ren) resides.
 9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
 10. Relationship to child(ren) - Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuses, i.e. parent, grandparent, babysitter.
 11. Person(s) child(ren) living with when abuse/neglect occurred - Enter name(s). Indicate if individuals have a disability that may need accommodation.
 12. Address where abuse / neglect occurred - Self explanatory.
 13. Describe injury or conditions and reason of suspicion of abuse or neglect - Indicate the basis for making a report and the information available about the abuse or neglect.
 14. Source of referral - Check appropriate box noting professional group or appropriate category
Note: If abuse or neglect is suspected in a hospital, check hospital.
- DHS Facility** - Refers to any group home, shelter home, halfway house or institution operated by the Department of Human Services.
- DCH Facility** - Refers to any institution or facility operated by the Department of Community Health.
15. Referring person's name - Enter your name if you are referring or reporting this matter.
 16. Name of referring organization - Enter the name of the agency or organization, if appropriate.
 17. Address - Self explanatory
 18. City - Self explanatory
 19. State - Self explanatory
 20. Zip Code – Self explanatory
 21. Phone Number - Self explanatory

APPENDIX 2

Specific questions need to be answered during the referral process to provide the most complete and comprehensive description of the alleged abuse or neglect.

The following is a guide for what information referral sources should have available when placing a call to CPS. In many cases not all of the questions can be answered, but gather as much information as possible; it will enable CPS to make an informed decision as to whether or not to assign the complaint for investigation.

The following outlines different situations and specific questions you may be asked:

I. Physical Neglect

- A.** If the allegations involve a ***dirty house***, describe how the house is dirty. **Be very specific.**
- When was the last time you were in the house?
 - Describe what you see when you walk in the house.
 - The words “dirty” or “filthy” are vague and have different meanings to different people. “Garbage on the floor” or “animal feces throughout the house” would be more specific and descriptive.
 - Does the home have an odor?
 - What does the kitchen look like?
 - Are there open containers of food lying around?
 - Is there furniture in the home?
 - Do the children have beds? If so, do the mattresses have bedding on them?
 - Is there running water in the home?
- B.** If the allegations are regarding a ***child not being fed properly***:
- Is there any food in the home right now? How do you know?
 - When was the last time you saw food in the home?
 - What exactly is in the refrigerator and cupboards?
 - Do the children complain about being hungry?
 - Does anybody else buy food for the home?
 - Is there less food during specific times of the month?
 - Are the caretakers using their Bridge card and/or money inappropriately? If so, what is it being spent on?
- C.** If your concerns are regarding a ***child's hygiene***:
- Is the child generally clean? If he/she is dirty, describe how he/she is dirty.
 - How often is he/she dirty--twice a week, four or five times a week, everyday, etc.?
 - Does the child bathe on a regular basis?
 - Is his/her clothes and/or body dirty?
 - Does he/she have an odor?
 - Does the family have animals?
 - Are the animals indoor pets?
 - Does the home have bugs or rodents (cockroaches, flies, mice, etc.)?

- D.** If the allegations are concerning ***no water or heat in the home***:
- How are you aware of the situation?
 - How long has the water and/or heat been off?
 - Do the parents have a plan to have the water and/or heat turned back on?
 - Does the family have access to water?
 - Is the family bringing water into the home?
 - Are the children sleeping at the residence or staying elsewhere at night?
 - Are the children bathing elsewhere?
- E.** If the allegations involve ***parental drug use***:
- How do you know the parents are using drugs?
 - What kind of drugs are they using?
 - Do the parents use drugs in front of the child?
 - Are the parents selling drugs out of the home?
 - Are the parents allowing other people to use drugs in the home or to sell drugs out of the home?

II. Medical Neglect

- What type of injury or medical need does the child have?
- What type of care does the child require?
- How has the parent failed to meet the child's needs?
- If the child has missed medical appointments, how many?
- When is the last time the child was seen by a doctor?
- How has the parent's failure to provide medical care effected the child?
- Any identifying information about the child's health care provider would be extremely helpful in these types of situations.

III. Failure to Protect

- How has the child been abused or neglected?
- How do you know that the parent is aware of the abuse?
- Has the parent taken any steps to protect the child?
- Has the parent threatened the child not to talk about the abuse?
- Did the abuse occur in the past and the parent continued to allow the alleged perpetrator to have contact with the child?
- What type of emotional tie does the parent have with the alleged perpetrator?

IV. Improper Supervision

- If the child is being left home alone, how old is he/she?
- How often is he/she left home alone?
- Is he/she left alone during the daytime or in the evenings?
- How long is he/she usually left alone?
- Is there a phone in the home?
- Does the child know what to do in case of emergency?
- Are any of the children in the home mentally or physically handicapped?
- Has the child ever been left alone over night?
- Is the child home alone right now?

Please note: According to the Child Protection Law, there is no legal age that a child can be left home alone. It is determined on a case by case basis but as a rule of thumb, a child 10-years old and younger is not responsible enough to be left home alone. A child over the age of 10 and under the age of 12 will be evaluated but the case may not always be assigned for a CPS investigation.

V. Abandonment

- If a parent leaves the child with the non-custodial parent without making prior arrangements, an assessment will be made to determine if that parent is willing or able to assume responsibility for the child.

VI. Physical Abuse

A. If the allegations involve **physical abuse**:

- How is the child being abused?
- Who is abusing the child?
- What is the child being abused with?
- Has the child ever had marks and/or bruises?
- Has the child ever had any other type of injuries from the abuse?
- When is the last time the child had marks and/or bruises?

B. If the child *currently* has **marks or bruises**:

- How does the child explain them?
- What do the marks look like (burns, welts, scalds, etc.)?
- What color, size, and shape are they?
- Was the skin broken?
- When does the child say that he/she was last struck?
- Is the child afraid to go home?
- Did the parent threaten to hit the child again?
- Is the child complaining of pain and/or discomfort?

VII. Sexual Abuse

- Be specific as to why you suspect sexual abuse.
- What has the child done or said to make you suspect sexual abuse?
- When and to whom did the child disclose the sexual abuse?
- Who is the suspected perpetrator?
- Does the perpetrator live in the home?
- Does the perpetrator still have access to the child?
- Is a parent aware?
- What action has the parent taken to protect the child if he/she is aware?
- Has the parent sought medical attention for the child?

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